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ACROSS THE PAGES . . . .

"OF ALL THE ARMY OF MISSIONARIES, OUR LADY IS THE LEADER, THE MISSIONARY OF MISSIONARIES . . ." Father Paul B. Hugendobler, S.J., who has given us some reflections on Our Lady, has done missionary work in the Philippines. At present he is stationed in Philadelphia.

"A NEW DAY DAWNS FOR INDIAN WOMEN"—describes some of the movements for social reform now stirring among several of the women's organizations in India. Father K. Xavier, the author, writes from first hand observation. He is a missionary priest living in Guntur, South India.

TO THOSE WHO have known the beginnings of Holy Family Hospital in Rawalpindi, the prayer of the Christians of Josipur is more than a mere coincidence. With the 1943 report from the hospital we give a short resume of its history. . . and our hopes and plans for the future.

FOUR YEARS' TRAINING under **Velayati log** (Westerners)—and the once timid young woman (often she is a widow) is transformed into a confident, reliable nurse. Sister M. Caecilia sent us "School for Nurses—Dacca" from the Mitford Hospital in that city, where she is an instructor in the Nurses' Training School.

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Editor

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The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of D. C., and Houses of Postulate in studies in Brookland, Washington, England and Holland.

At present the Society labors in India, where the Sisters conduct Hospitals, dispensaries, maternity, and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

For further information apply to:

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Philadelphia, Pa.

Our Lady — The Missionary

by

The Rev. Paul Hugendobler, S.J.

THE SON OF MARY was, of course, the first missionary of God's good tidings. Christ, sent by His Father to redeem all men, had the fullest credentials for His work. Revealing the "Good News" to His countrymen, He broke the clouds of heaven's secrets so that the glad light of the New Revelation of His Father might pierce through to men's souls and stir them to love and follow the Lamb wherever He would lead them.

MARY, HIS MOTHER, was however, His active partner in this great work of Redemption. So intimate was her share that she is called and is the co-redemptrix of our human race. She is united by flesh more closely to Him than any living creature could be; is more like Him in her Immaculate Conception than any other of God's chosen souls. Infinitely separated from Him by her own creaturehood, she is yet the creature most intimately united to Him. One in mind, one in obedience to the divine will of God; one with Him in His great desire to save the world she is one in the battle as well as in the victory. Indeed, we can say that of all the army of missionaries, she is the leader, the *Missionary of Missionaries.*

In addition to her maternal interest in her only Son and His labors, she shared that deep-rooted desire that lives in every mother's heart, of helping that work to succeed. In her it was the irrepressible urge coming from her very office of co-redemptrix.

When the ears of Elizabeth rang with the prophetic words of the Magnificat, Mary was in the midst of her first missionary journey proclaiming the glory of God and the dawn of the world's new blessedness. "For behold," said her cousin, "the moment that the sound of thy greeting came to my ears, the babe in my womb leapt for joy." At her presence God's grace flooded out from above into the tiny soul of the Baptist—a full fruit of the tree of our justification.

Mary spread a rich spiritual table of missionary virtues in the cave of Bethlehem. Deep humility, willing self-sacrifice and poverty of spirit, ready obedience and submission to the divine Will . . . all ripe fruit to spread before the mission world of Christ. To the Shepherds, lowly and unlearned; to the Magi, great in person and in intellect, she could reveal Him and hope to set their hearts afire so that they would fall upon their knees and worship her Son as their God and Saviour.

Egypt with its parched and rasping sands was cold and hard to God before Mary fled there with her baby Son. It took but a few short years for that bleak land to blossom forth with holy monks and martyrs, a full harvest far beyond the dreams of Mary.

Notable, too, is the fact that in the days following His Ascension, Mary is found with the Apostles, the Bishops of His young Church, awaiting eagerly the coming of the Spirit. From her side they set out to conquer the world for her Son. On her they leaned and trusted in their darkest hours. To her they returned, took counsel and departed, renewed with fresh courage and faith. For them she took His place.

Preeminent for her love and obedience, Mary possessed the secret of the missionaries' strength. Of herself she was nothing and could accomplish nothing; in Him, however, she could do all things. When the missionary is looking for a model of his life, none more perfect can he find than that of Mary—the Missionary of Christ.

A New Day Dawns For Indian Women

by

The Rev. K. Xavier, S.J.

The story of the struggle of the women of India for emancipation forms an interesting chapter in the Indian National Life. Recent years have witnessed the intensification of this struggle with unabating vigor and vitality. Everywhere throughout the country there is agitation among women to assert their rights and secure an equal position with men. Organizations, associations and conferences, shared and sympathized by the maharanis as well as by other leaders among the élite, are being organized towards the success of their fight. Already they have thrown overboard some of the galling and revolting disadvantages and injustices to which Indian women have been subjected for centuries.

It is a matter of common knowledge that the Hindu social code, containing as it did germs destructive of social life, imposed several restrictions upon women. It did not recognize the equal status of both sexes in the sight of their Creator. With its oppressive spirit and tone, the Hindu socio-religious creed denied to women essential rights and privileges, imposing on them injustices which no modern mind can bear to endure and which no progressive nation can tolerate.

Some of the Injustices Affecting Indian Women

Denial of education to women, ban on widow-marriages, seclusion of women, the segregation of women for purposes of prostitution, the practice of child marriage, the refusal of an equal share with men in the family possessions, these were some of the disadvantages and injustices which seriously affected the interests of women in India. Not only were such injustices enforced by the religious sanctions of Hinduism; they were also vehemently defended by its protagonists. Any deviation from them was deemed destructive of their whole religious fibre and was regarded as an irreparable breakdown in age-old social customs. In the past, strictures were liberally invoked by the heads of the Hindu sects whenever any attempt to remedy these disadvantages was inaugurated by an enlightened thinker or progressive social reformer.

The speculative theories of the Brahmins, the official custodians of the Hindu socio-religious code, which meted out these injustices and to which the majority of the Indians stolidly adhered, were accepted as divine dictums, against which no one dared to pioneer a reform. Consequently the position of women in India degenerated into that of chattel. Freedom and liberty were alien to her. In vital matters, such as the choice of her vocation or her partner in marriage, she had no voice whatever. Submissively she had to abide by the decisions of her parents and relatives, thus sacrificing very often her peace and happiness. Any signs of impatience or restlessness at this system branded her at once as a stray soul, to be properly dealt with.

Agitation for Reform

It is, however, refreshing to note that these injustices are being exploded swiftly one by one, to be replaced by measures of reform. Several factors have been instrumental in bringing about this change. We cannot ignore the awakening of the women of India themselves. Customs and taboos, which the Hindu mentality thought irrevocable, are challenged daily. Hardly a day passes but they are debated in meetings and open forums. Everywhere they have received their death-knell at the anvil of the disapproval of the masses. Agitation for the complete removal of their disabilities and the recognition of equal rights form the main theme of the conferences and meetings which are being conducted frequently by women leaders throughout the length and breadth of the land, and their campaign is producing widespread reactions all over the country.

Factors Influencing Reform

Added to this, the teaching of the Christian missionaries, which recognizes and accords a position of dignity and respect to women, has given further impetus to the nation-wide agitation. The opening of convents, orphanages, schools of every grade and kind, asylums and maternity hospitals, by the Catholic missionary priests and sisters, has taught the Indian people to recognize more fully and clearly the important position assigned to women in the Christian religion. The wide diffusion of the teachings of the Gospel and the spread of western education have affected the Indian attitude. The

Hindu social code, to which the majority of the Indian masses still adhered, has come to be regarded as an anachronism of the times, without any justification for existence. Under the influence of Christian ideals, joined with western education and the concession of the right of woman suffrage, women social reformers in India have gained powers of which their sisters of bygone days would never have dreamt. They have successfully brought to bear the weight of their agitation on council chambers and other public bodies. Customs and practices which before were protected under the shelter of oppressive religion and tradition are gradually being abrogated by popular consent. Women have also won for themselves support in the legal eye. Opportunities for education are being offered by several Government schools and colleges of every type, in addition to those which are conducted by the missionary sisters. Social evils and injustices, such as child marriage, the ban on widow-marriage and the seclusion of certain classes of women for prostitution, are now quickly disappearing.

Debt to the Catholic Sisters in India

Special acknowledgement must be made of the part played by the Catholic sisters in India in furthering these reforms. Through their educational institutions, refugee houses and maternity homes and hospitals, they have done much for the general welfare of Indian women. We dare say that the ideals of service and sacrifice which the leaders of the Indian women are so generously displaying today in behalf of their unfortunate country-women all over the Indian sub-continent have been derived from the sound education many of them received in Christian institutions. They have been inspired, no doubt, by the zeal, energy and endurance displayed by the Catholic sisters. The silent example of their lives, their devotion to duty, carries home to the young Indian girls and women under their care a valuable lesson. It has taught and is teaching them to work unceasingly for the uplift and betterment of those other millions of women, less fortunate than they, their sisters in Christ.

Two young students from Patna Women's College, conducted by the Sisters of the Apostolic Carmel. Ten years ago there was hardly one girl in college in all the province of Bihar. Last year the college had over forty students in first year alone.

The work of the foreign missions surpasses every other work of Christian charity as far as the soul surpasses the body, as far as heaven surpasses earth.—Pope Pius XI.

"And So They Prayed . . ."

The prayer of the Christians of Josepur is more than a mere coincidence. . . . . The story and prospects of Holy Family Hospital.

Nearly half a century ago a Mill Hill Missionary Father gathered a small group of converts and with them settled in a small village on a plain just below the foothills of the Himalaya Mountains, in the far-north of India. They called the village **Josepur,** placing it under the protection of the Patron of Christian families, St. Joseph.

Thus removed from the pale of pagan influence, these Christian neophytes found strength and courage to live their new religion. They were happy in their village; their faith brought them a peace and joy they had never known before. But happy though they were, one great problem was always with them—sickness.

Like all the 700,000 villages scattered throughout India, Josepur had its share. There came terrible epidemics of plague and smallpox, which to these simple villagers seemed like inevitable scourges that must be faced. And there were other diseases, amebic dysentery, malaria, many kinds of known and unknown fevers, all—men, women and children—suffered from them. And while the Missionary Father did the best he could with his make-shift box of pills and other remedies, he could not take the place of the doctor or nurse who could really help these people in their need.

Although at that time no medical help came, the Christians of Josepur never lost hope. They had placed their trust in a Saviour who healed not only men's souls but their bodies, too. And so they prayed. Unknown to the world, tucked away in this tiny village in the northernmost part of India, these Christian converts for eight long years recited the Rosary and five Our Fathers every day that in some way or other help might come to relieve them in their sickness.

To those who have known the beginnings of Holy Family Hospital in Rawalpindi (only one hour's walk from Josepur village) the prayer of the Christian neophytes is more than a mere coincidence. It is providential, for it was during these same eight years while the villagers were praying for medical aid that Dr. Agnes McLaren first learned of the great need for Catholic women doctors in India.

To Dr. McLaren, a recent convert from Presbyterianism, the idea of medical missions was not a new one. She had long been familiar with the work of Protestant missions. This knowledge led her, upon her reception into the Catholic Church, to inquire into the provisions for medical assistance to women, given by the Catholic missions in India. Through her investigation she met Msgr. Wagner, a Mill Hill Father whose experience as a missionary in the predominantly Mohammedan mission of Kashmir and Kafristan had not only convinced him of the needs of Indian women for medical assistance, but had also led him to see that only through medical work performed by women could the secluded mothers and daughters of India be reached. As

"Only through medical work performed by women could the secluded mothers and daughters of India be reached."

a result of his meeting with Dr. McLaren plans were made by which Msgr. Wagner was to purchase a small bungalow in Rawalpindi, the nucleus of the first, and still the **only,** Catholic hospital in the Punjab, a region of twenty-nine million people.

This was the beginning of the present Holy Family in Rawalpindi. It was the beginning, too, of the apostolate which brought medicine into the field as an organized phase of mission activity —an apostolate which today is being carried on by the Medical Mission Sisters.

Once the building was purchased the next step was that of staffing the miniature hospital. The nursing personnel was not too difficult to procure, as the Franciscan Missionaries of Mary consented to give four pioneers for this work. But to obtain the services of a woman doctor was quite another problem. Those of a lay woman were enlisted for one year, but when her term was over it was impossible to find anyone to replace her. At this point Dr. McLaren went to India to investigate conditions for herself. While there she consulted with bishops, prefects apostolic and priests and obtained a real insight into the problems of medical care. As a result she came to the conclusion that as far as Catholic missions were concerned, for reasons of charity, stability and economy, the solution of the problem of providing skilled medical care for the women and children of India was to enlist religious women who were doctors, nurses, technicians and other medical workers.

According to Cannon Law the question of nurses did not present any special difficulty, except that sisters with public vows were not allowed to do obstetrical work, one of the greatest needs and charities in the missions. As for doctors, at that time probably there were none among the sisterhoods and, moreover, the study and practice of medicine was not permitted to them.

For Dr. McLaren this obstacle did not count. Convinced of the need, armed with letters from mission prelates expressing the opinion that sisters who were doctors and nurses would be the most suitable personnel for staffing Catholic hospitals in India, she returned to Europe to search for a community which would allow its sisters to study medicine for this purpose. Finally she found one, but the sisters could not begin their studies until Rome gave the necessary permission.

Still Dr. McLaren was not discouraged. She went to Rome herself to present the need to ecclesiastical authorities, and although the permission was not given, it was not refused either. Dr. McLaren did not see her petition granted. But an answer was given by Rome in 1936, when the Holy See, through the Sacred Congregation of Propaganda Fide, approved the study and practice of medicine by religious women and even urged that new religious communities be founded to take up health work in the missions.

In the meantime, when she saw that no immediate chance of sisters becoming doctors was forthcoming, Dr. McLaren interested lay women in the study of medicine. As a result, Dr. Anna Dengel heard of her search and took up the study of medicine, eventually going to India in 1920 to take charge of the small hospital that had been founded by Msgr. Wagner and Dr. McLaren.

At that time the Franciscan Missionaries of Mary were still in charge of the nursing in Rawalpindi. They continued to carry on despite the hardships of poverty and the lack of a trained staff which is required in a hospital for women and children. Owing to existing regulations, the sisters were not allowed to assist in obstetrical work. With the coming of a doctor, however, the work grew, and it soon became apparent that there was no chance of real and lasting development until it was assured that there would be a continuity of a trained staff of sisters who were doctors, nurses, obstetricians, pharmacists, etc.

Dr. Dengel also saw that this need was not only a local one but was widespread throughout India and the mission fields in general. It was evident, too, that such an apostolate of charity presented a priceless opportunity to reach the women and children and to demonstrate the Catholic life to the peoples of non-Christian countries. This led Dr. Dengel to come to the United States in 1924 in the hope that a knowledge of the suffering of the women and children of India would arouse sympathy and help among the Catholic people in this country.

Her hopes were not disappointed. There was not only sympathy and help, but active cooperation in the work itself. In 1925 a new religious community, the Society of

ANNUAL REPORT — 1943
HOLY FAMILY HOSPITAL
Rawalpindi

Admissions	2,329
Out-patients	33,078
(of whom 10,902 were new)	
Daily average:	
Admissions	64.54
Out-patients	106.36
Operations:	
Major	125
Minor	938
Deliveries	630
Baptisms	516

Catholic Medical Missionaries, was founded by Dr. Dengel under the spiritual guidance of the Holy Cross Fathers, for the purpose of providing skilled medical care for the sick in the missions.

From the pioneer members of the new Society came the future staff that was to carry on the medical mission, the foundations of which had been laid by Msgr. Wagner and Dr. McLaren. A new and larger hospital was built by the Society in the native city of Rawalpindi. On December 14, 1927 it was blessed, and the Holy Sacrifice of the Mass was offered for the first time in the hospital chapel by Archbishop Edward A. Mooney, then Apostolic Delegate to India. Two months later the hospital opened its doors to a group of sightseers and admitted also its first patient—a mother awaiting her child.

Since that day the staff, the accommodations, the number of the patients and the scope of the hospital have increased step by step. It is a thrilling story of suffering relieved, of lives saved, of souls brought to know the true Faith. It is a story woven of all the tragedy and comedy of human life amid a people whose religious beliefs and customs are different from ours; yet whose aspirations for happiness and goodness are the same.

Misfortunes were not wanting during those first years. While the hospital was being built, as much of the wall as arose by day was often torn down by night. A neighbor even had a devil painted on the wall of his house to ward off the fearful evil spirits of disease. For a time the hospital came almost to a standstill. During this trying interval it did not close but was enlarged from a thirty to a sixty bed capacity. Since then the work has expanded to such an extent that today, with our 1943 report, we reiterate the need and plea for a larger, two-hundred bed hospital.

Letters from our sisters in India remind us constantly that the existing hospital is far too small to accommodate the number of women and children who come to us for help. Time and time again, they say, patients must be given dispensary treatment when they really require hospital care. Only recently one of the sisters wrote: "We have not 'gone native' yet, that is, put the patients on the floor. But when we see the numbers that we might take into the hospital, and cannot for lack of beds and room, we are strongly tempted to do so."

To you, readers of the Medical Missionary and all the friends who have helped us, we extend our sincere gratitude for enabling us to make the work at Rawalpindi possible. It is your work as well as ours. You share in it, in every pain relieved, in every life that has been saved, in every soul that has been baptized, in all that has been done. As our friends, we hope that you will share, too, not only in what **has been done,** but also in the plans and aspirations for what **must still be done.** Chief among these is our hope and plan for a two-hundred bed hospital in Rawalpindi. May we ask you, then, to continue to share with us, so that the new Holy Family Hospital may soon be no longer a hope but a reality?

School For Nurses — Dacca

by

SISTER M. CAECILIA, S.C.M.M., R.N.

We have been asked about the work in the Mitford Hospital in Dacca. Frankly, it is sometimes overwhelming, so it would be a little diversion for me to write about, let's say, the skies of Dacca. But the work is the subject . . .

There are three of us here, in this three-hundred bed government hospital, one sister as matron or nursing superintendent, one as assistant nursing superintendent and a third as night supervisor. We take turns on night duty, which makes for a change. The Famine Relief hospitals and the War Emergency unit, of which our sisters also have charge, are a separate entity, and as such do not come under our care.

The medical staff of the Mitford Hospital consists of a European Civil Surgeon, his Indian assistants and about a dozen sub-assistant surgeons who do the routine work. The nursing staff under the sisters is composed of nine staff nurses or graduates, who have trained at the hospital, five, ten, fifteen or twenty years ago. These nurses take immediate charge of the different wards and departments and are assisted in turn by the twenty-nine pupil nurses who are distributed around the hospital. In addition, about a hundred sweepers and coolies do the work of valets, porters, janitors, nurses' assistants, ward maids, messengers, etc.

Our immediate interest is the training of nurses. The students come to us after passing the standard class eight. Now-a-days some of them are widows (with children or otherwise) who are faced at the age of twenty with the responsibility of caring for themselves on a scant allowance of daily rice and an occasional **sari** for self and dresses for the children, with no pleasure trips or jewelry to relieve the drabness.

On arriving at the training school, the young student is usually a little over-awed at her new

Student nurses at the Mitford Hospital in Dacca. In the whole of India there are less than 7,000 trained nurses, i.e., less than one nurse for every 57,000 of the population.

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surroundings. There are the pale-faced, strange-looking sisters, who, fortunately, speak to her in her own tongue. There are also the strange people to nurse, of her own country to be sure, but not of her own family, or even of her own caste. However the lack of space in the nurses' home fosters companionship and the crowded and busy schedule of classes and duties allows no time for home-sickness.

Nor does the well-planned, swiftly moving routine tolerate any lacka-daisical, come day, go day, attitude. Gradually one sees a quickening interest, classes start, why's and wherefore's are asked; the work is tiring, yes, but the variety of faces, duties and companions make life as a student nurse very interesting for the young Indian girl.

When her training is nearly finished, the preliminary nursing examination looms ahead. This entails a trip to the busy city of Calcutta, an event for the young student. As departure time draws near, she needs plenty of reassurance, for this is the first time in her life that she is given the opportunity to prove herself among strangers. There is the oft-repeated: "Do pray for us, Sister," whether she be Hindu or Christian.

The successful examination result gives the student a new confidence in herself. It is indeed a joy to see the one-time timid little widow, who hardly knew the feel of sandals on her feet, walking around the wards, giving out medicines and taking temperatures, listening sympathetically to a patient's troubles or intelligently to to a doctor's instructions. At the end of three years' training it is a pleasure to be able to say: "There is to be an emergency operation an hour from now. The staff-nurse is off duty. Will you go and prepare the operating room?"—and actually feel that one can settle down to other duties without preoccupation concerning the progress in the preparations.

At last, near the close of the third year, the final nursing examination is at hand involving a second trip to Calcutta. This is less in the form of an adventure, but still it means a very eventful week. Successful examination results bring added assurance and a feeling of emancipation, for the young student has earned the title, "trained nurse." Now people may engage her for a stipulated fee which she knows is her legitimate right, having proved her ability to the Bengal Nursing Council by the examination and by her conduct in the Mitford Hospital.

When this examination is over, there is one thing more, the midwifery course, which is separate and usually follows immediately on the general nursing course. Our nurses are always advised and encouraged to remain for this post-graduate training, which is a necessary complement to nursing in India, where doctors are too few and indigenous **dais** (midwives) need constant supervision and teaching in hygienic methods.

The midwifery training closes with a third trip to Calcutta, for the third and final examination. Having achieved her goal, the young nurse feels that now is the time to relax. Visits to near and distant relatives are in order. To all concerned, it is no small achievement that daughter, first-cousin, aunt's-brother-in-law's sister is a trained nurse-midwife, having completed four years' training under **velayati log** (Westerners) and can earn her own living without help from the limited family income.

This is the nurses' training, our chief work in Dacca, in a nutshell. Together with the technical and scientific knowledge which we impart, we hope that something of the truths of our religion may penetrate into the hearts and homes of these young nurses, that under its influence they may achieve lasting good among their own country-women of India.

When Night Comes . . . In Patna

by

SISTER M. ELISE WIJNEN, S.C.M.M., M.D.

It is after night prayers and peace and quiet reign in the compound of Holy Family Hospital in Patna. The lights go out, one by one, as the sisters and nurses scatter all over to their mosquito-netted charpoys. The hospital too, is settling down for the night. The white silhouette of the night nurse is visible at times, flitting in and out of the dimly lit wards and on to the moonlit verandahs. Even the nursery is dark and silent, each tiny screen cot safeguarding a sleeping baby from the ravenous mosquitos that come in droves every night from the holy river Ganges. Kalu, the black dog, is making the rounds in the wake of one of the sisters, to see that the gates are locked and all the lights are out. He is our **chaukidar** (nightwatchman) and proudly conscious of his importance.

The beauty of the tropical moonlit scenery is apparent even through the cloying mosquito net. The sky is like a deep blue lake, washed with moon beams at one border and shading off into inky blackness at the opposite horizon, where golden stars seem to accentuate the darkness. A light breeze rustles the dry palm leaves and twitches their shadows on the ground. The small brown houses all around seem to have closed their eyes and gone to sleep. Not a light shines through, not a sound is heard, nor is any movement noticeable in the dark alleys and on the crowded roofs. All is right for a long night's peaceful sleep, for dreamless oblivion of troubles and work, for rest and recuperation of energy and patience, for . . .

"BANG, BANG!" goes a fist on the thin, sheet-iron gate. There is a stamping of hoofs; Kalu barks raucously, and impatient anxious voices shout for the night nurse, who is already hurrying to open the gate and admit the patient. Night admissions are usually emergency cases. Few Indian women will venture out after sunset unless the need is really great and urgent. Purdah, natural timidity, difficulty of transportation, all conspire to hold them back, often until it is too late. Just as I thought, here comes the night nurse, with: "Doctor, get up quickly; it's a very bad baby case from a village."

At the hospital door we hold a short discussion with the menfolk who know nothing except that they brought the patient from a village fifteen miles away, in a ramshackle pony cart. They are quite willing to be dismissed at once. The jingling, tired horse is turned around and driven out the gate, which closes with a bang.

The hospital is waking up from all these noises. Sleepy voices are heard, inquiring into the cause of the commotion and barefooted relatives come padding out onto the verandah to see for themselves what it is all about. They are unceremoniously hustled back to their mats, but the night **mihrani** (sweeper woman) does her best to satisfy their curiosity. She pacifies them with the promise of more detailed information later.

The operating room is a pool of yellow light, blinding at first. On the table lies a young girl, moaning and twisting in pain. A toothless old crony stands besides her, ineffectually patting and shushing the despairing patient. A few rapid questions reveal the usual tale: three days of ever-increasing pain, of barbarous home remedies and a succession of glib but useless midwives. Then a jolting four-hour journey to the hospital, with an exhausted, hysterical patient whose agony of pain has overcome all fear of strangers and hospitals.

The pain, at least, can be remedied promptly. After a quick examination we slip the ether mask over the girl's face. Greedily she drinks in the fumes. Soon the room is quiet again, disturbed only by the harsh breathing of the patient, the splash of water in the sink, and the rustling movements of the night nurse, rushing around to set out the instruments and implements needed for the work at hand. Practice and experience have expedited and perfected this technic; hardly a work is spoken. With dripping hands and arms I wait for the antiseptic and the sterile gown, ready to work as fast as possible, for the mother's pulse is none too good and her breathing jumpy, despite all Sister's skill with the anesthetic.

An hour later I am outside again, gulping down the cool night air, to clear out the heat and ether-laden vapors of the operating room. The patient is still sound asleep, resting quietly in a shock-block-raised ward bed, with blankets and hot water bottles all around her. It was touch-and-go for a while, but now she will

probably make a good recovery. Already her pulse is slower and steadier, her breathing more quiet and regular, her body relaxed and at peace. Back in the dishevelled operating room the baby is squalling lustily, while the old grannie hangs over its crib, crying with relief and happiness.

After the hustle and bustle, the tension and anxiety of the past hour, the night feels almost unbelievably peaceful. The moon is straight overhead now, flooding the tropical scenery with its unearthly silvery radiance. As I cross the lawn, Kalu comes pattering up to me, sniffing inquiries, his tail a wavy black question mark. "It's all right, old boy," I whisper, pulling his long ears. "All safe. Lie down and go to sleep again." I smile at the unconscious relief in my own voice. Kalu seems to have understood though. With a grunt he plops down and soon, head-over-paws, is sound asleep.

* * *

With a start I wake up again, the night nurse's voice whispering in my ear. It must be almost morning; the darkness is fading at the edges.

"What's that? Say it again, Sister. I'm awake now. Oh, I see, Rampiari. Well, I can't do anything for her, Sister; she's been dying of tuberculosis for two weeks now. I'll come; perhaps we can hold her over until daylight."

One glance at the patient though, is enough to show us that the time is past for remedies and injections. The woman is obviously breathing her last, but fortunately she is unconscious and beyond all earthly suffering. The best that can be done now is to lessen the shock to the bystanders by removing the body as far as possible from the hospital ward. After a whispered consultation the nurse and I pick up the bed between us and march across the lawn to a little room kept expressly for that purpose. The bed is a mere frame, and the patient nothing but skin and bones, so it is no trouble. The relative follows in the rear, waking up the neighborhood with her wails, despite our entreaties.

The wails and howls increase as soon as the nurse reverently pulls the sheet over the cold face. They degenerate into chest beating and hair pulling, which brings out the rest of the hospital, to shiver and commiserate. There is only one way out: Sister opens the gate and hails a passing rickshaw, while I propel the now-hysterical relative across the grass and bundle her into the carriage. That will give us a little breathing space. We must think of the living first of all, and every one of the wrong patients will go home if this shrieking keeps up. The woman will go and tell the family and the worst of the **tomasha** will be over before they come back.

Already it is time to go to chapel. The other sisters and nurses are awake and stirring, for a new day has begun, with its inexorable round of duties. Once more night is over, with a birth and a death to show for it.

The Mission Clipper

A GREAT MISSIONARY COUNTRY . . .

Although it has only four million Catholics, the little country of Holland gives to the mission fields of the Church more missionaries than any other nation. Its people claim but one per cent of the total membership of the Catholic Church; yet they provide ten per cent of all the missionaries.

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DRUG PLANT CULTIVATION IN CENTRAL AMERICA

There is an increased development in drug plant culture in Central America. Six quinine plantations are in cultivation in Guatemala. One of these contains about 1,000 acres of cinchona trees and is the largest in the Western Hemisphere. Cinchona tree nurseries are in operation in Costa Rica under a program in which the Costa Rican government has agreed to make available 10,000 acres for cinchona cultivation. Development of plantation sources of quinine in both countries is carried on with assistance from United States specialists.

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Plans have been made for the planting of about 100,000 cinchona seedlings by the Inter-American Institute of Agricultural Sciences at Turrialba, Costa Rico, to aid in the development of a quinine-producing industry in Latin America. . . . The seedlings destined for planting in Costa Rica are part of 2,000,000 cinchona seeds which were taken out of the Philippine Islands in a Flying Fortress by Col. Arthur F. Fischer just before the fall of Bataan to the Japanese. . . . The seedlings are of the high-yielding Ledgeriana type, developed in the Far East from cinchona stock originally brought from South America, the home of the cinchona tree.—**The Journal of the American Medical Association,** March 4, 1944.

* * *

MISSION DOCTORS AMONG THE LEPERS

Dr. Joan Meiklejohn, an Edinburgh convert and mission doctor, died recently in Northern Rhodesia, where she worked with the White Sisters.

Dr. Meiklejohn left Scotland

about ten years ago, giving up a successful practice to devote herself to the care of lepers in the missions. She built a large hospital in one of the most remote parts of Central Africa and with the assistance of another woman doctor, Dr. Joan Lamplugh, went in search of lepers throughout the surrounding country.

* * *

Writing of Dr. Meiklejohn, her colleague, Dr. Joan Lamplugh, says of her: "After a distinguished medical career in Europe, which included a period with the French Army in the last war, this pioneer lay mission doctor went out to the White Fathers' Mission in Central Africa and in 1937 founded the Hospital of St. Joan of Arc at Santa Maria Mission on Chilubi Island on Lake Bangweolo. She faced the arduous life of the bush with a vivid interest and an adventurous spirit, living cheerfully in mission poverty in a primitive country. She later founded another leper colony at Kasaba.

"No one who knew her could doubt her deep spirituality. Fatigue and illness did not stop her from getting up for a morning meditation nor did midday heat make her choose a long siesta instead of spiritual reading. Her devotion to her patients was untiring. We pray earnestly for a successor."

—White Fathers Missions.

* * *

CHAPELS IN THE JUNGLE WILDS OF NEW GUINEA.

From Col. August F. Gearhard, Senior Chaplain in the U.S.A. Fifth Air Force, we learn that in the jungle wilds of the New Guinea war zone American troops and South Sea Island natives have built over 100 chapels within the past two years. Col. Gearhard, who was formerly the Diocesan Director of the Society for the Propagation of the Faith in Milwaukee, is the uncle of one of the Medical Mission Sisters, Sister M. David.

* * *

LEPROSY IN INDIA

The Most Rev. O. Sevrin, S.J. writes from Ranchi, India: "Do you know that the number of cases of leprosy in India is roughly estimated at 1,000,000? Allowing that 25 per cent of them are infective, the number of infective patients would be 250,000. The combined accommodation of all leper institutions in India at present (1943) is about 14,000 patients. Catholic missions have many institutions . . . and one is absolutely needed in the diocese of Ranchi."—**Jesuit Missions.**

DURING THE MONTH OF MAY WE RECOMMEND TO YOUR PRAYERS THE MISSION INTENTION — THE SPREAD OF THE FAITH IN CENTRAL AFRICA.

R. I. P.

Please pray for the repose of the souls of:

Rt. Rev. Msgr. Edward P. Graham, Canton, Ohio.

Rt. Rev. Msgr. Barry O'Toole, Washington, D. C.

Canon John Rory Fletcher, M.R.C.S., London, England (Chaplain of the Guild of St. Luke and SS. Cosmos and Damian.)

Rev. Richard W. Gaughan, Philadelphia, Pa.

Rev. Anthony Vieban, S.S., Washington, D. C.

Mother Catherine Herbert, O.P., Brooklyn, N. Y.

Miss May E. Mangold, St. Louis, Mo.

Mrs. Margaret Mary Beahn, Philadelphia, Pa.

Lieut. Raymond E. Adams, Jr., Philadelphia, Pa.

May their souls and the souls of all the faithful departed rest in peace. Amen.

On the 18th of every month the Holy Sacrifice of the Mass is offered for deceased subscribers and benefactors.

"From the rising of the sun, even to the going down . . . in every place there is a sacrifice and there is offered to My Name a clean oblation."

The Holy Sacrifice of the Mass . . . somewhere in New Guinea.

Medical Education in China*

Medical education in China is supervised by the Ministry of Education through a Commission on Medical Education. Committees also supervise the policies governing the education of nurses, midwives, pharmacists, dentists and native practitioners as well as health education. The Commission is composed of the directors of the leading medical colleges as well as officials of the Ministry of Education, National Health Administration and Army Medical Administration. Upon their recommendations the Minister of Education acts in drawing up new laws and regulations governing medical education.

Medical Missionaries having been the first to introduce western medicine into China, it is natural that the first medical colleges to be established were those founded by the foreign missionaries. Such colleges were St. John's (1896), Lingnan (1899), Peiping Union Medical College (1906), Cheeloo (1909), West China Union (1914), Hsiangya (1916), Aurora, and Women's Christian Medical Colleges.

The official classification of the 28 [1] medical colleges, however, is according to their organization and support, namely, National, Provincial, and Private. There are 10 National, 9 Provincial and 9 Private medical colleges.

If we bear in mind the state medical system of the future in which there should be at least one medical college in each province, forming a part of the provincial medical center in the provincial capital, it would be more useful to classify the medical colleges according to their distribution by provinces and municipalities. When so classified, it will be seen that every important province is already served by at least one medical college except Anhewi and Hupeh. The establishment of two medical colleges in these provinces, by starting new colleges or transferring existing colleges from other provinces should be a relatively simple matter as soon as peace is restored. It will be noted that there are no less than nine colleges located in the three special municipalities of Nanking, Shanghai and Peiping. It may be desirable to permit most of these nine colleges to continue in these cities, to be developed for certain special functions. The National Central University Medical College has special functions in training higher personnel for the establishments of the National Health Administration; Peiping Union Medical College emphasises international medical researches; Aurora is the only Catholic college, while Women's Medical College is the only college exclusively for women students. It may be mentioned in passing that, although the Peiping Union Medical College has been closed since the Japanese occupied American property in December 1941, up till that time it had held a unique position in medical circles. It had been "adopted" by the China Medical Board of the Rockefeller Foundation in 1915 with the objective of developing it as a medical school comparable with the best medical colleges in U.S.A. and for this purpose it is estimated that the Rockefeller Foundation has contributed a total of over $34,000,000 since 1915, this being by far the largest contribution which the Foundation has made to any single institution.

The biggest problem in medical education at present is probably that presented by the existence of several small schools of low standards, which are graduating poorly qualified doctors in greater numbers than the larger colleges. Drastic improvements will have to be made in administration staff and equipment to raise existing standards in these small medical schools. Subsidies will have to be made by the Ministry of Education to permit the opening of new departments, and professorships and lectureships established to attract better teachers. Considerable progress had been made along these lines up to 1937, but the outbreak of hostilities in that year has seriously affected this program for the time being.

The question has been raised as to how far graduates, for whose education the state has largely paid, should be required to render some service to the state in return. Since 1940 all new graduates of registered medical colleges have been conscripted [2] for war service either with the army (40%), the government health services (30%), the medical colleges (15%) or the Red Cross (15%). It is probable that, even after the war is over, all new graduates would be required to serve with the state health services, which are in need of trained personnel, for a period of two or three years each.

..* Concluding excerpt reprinted from *China's Health Problems*, a study by Szeming Sze, M.D., with the permission of the Chinese Medical Association.

[1] Excluding Army Medical Colleges, and including St. John's, Shanghai, which delayed officially registering with the Ministry of Education for religious and extraterritorial reasons, but which was preparing to register at the time hostilities broke out in 1937.

[2] Also pharmacists (1940), dentists and nurses (1941), and midwives (1942).

"The faith, the charity of the first ages, they are not too much for our age. The earth has grown cold, and it is for us Catholics to reanimate the vital heat which is being extinguished, to recommence the era of the martyrs. For to be a martyr is a thing within the reach of all Christians. It is to give our lives for God and for our brothers. . ."

—Frederick Ozanam.

Notes From India . . .

PATNA

This month's news from Patna includes all sorts of items—cooks and cooking problems, gardening, patients, etc. Here it is, sent by Sister M. Elise:

"You have no idea how much Patna could use a kitchen supervisor! We go through cooks like boys through stockings. The first one we had left because of internal troubles with the kitchen helpers. The second made away with so much rice that he had to be told about it, so he went away in a huff. The present cook is actually a taxi driver, but he left Calcutta just after the air raids and lost his license. He decided to try his hand at cooking. As a cook he is not impossible, although he seems to be more familiar with motor oil than with cooking oil.

"He knows his limitations, too. We had one duck given to us which for a few weeks went quacking around the compound, fighting with our dog. There was a live hen, too, also a present. When the next feast day came along Sister decided to sacrifice them, so she told the cook to catch and kill one of them, whichever he pleased. He looked doubtful, but did not refuse. When we came down to dinner, what did we see trotting around but one duck and one chicken, each very much alive! The cook did not feel that he had mastered the culinary art sufficiently to prepare them, so he went out and bought some other meat instead!

"And now for some news of the patients. Not long ago one of the sisters told this story: A child of three was admitted to the hospital with a severe brain injury. He was put in a small iron baby bed, and his mother was warned not to touch or lift him, etc. Of course, this was a real hardship for her, but she solved the problem by getting into the little iron bed and curling herself up beside him!"

RAWALPINDI

Not long ago Sister M. Leonie and Sister M. Hedwig had an interesting village trip near Rawalpindi. Sister Leonie tells the story:

"Every day brings new surprises. Did I ever tell you about the trip Sister Hedwig and I made? I have the reputation that if I am called out for a patient I arrive just in time to hear the baby cry lustily. The few times Sister Hedwig has been out she has stayed all night. We might have known that such a combination would never work!

"However, around 12:30 p.m. one day, Sister was presented with a telegram: 'Patient very ill; bring lady-doctor or empty car.' It was decided that Sister Hedwig and I would go and attend the patient, who lived in a village about fifty miles from Rawalpindi. We set out in an ordinary car which carried, besides ourselves and the driver, six men, all of them bearded and turbaned Sikhs, relatives of the patient. . . . The drive through the country was rather pleasant, but instead of fifty miles we had to go seventy. When we did arrive at the house we heard a baby cry. Yes, it was born half an hour ago!

"When we were ready to return to the hospital we asked for the car, only to discover that it had been sent away, that there were no buses running from the village to Rawalpindi, and that the only way to go back was on the train, which left at one o'clock in the morning. 'Please let us serve you for three hours, and then you can go to the station.' was the only reply to our inquiries.

In the meantime the women from the entire village had gathered and we could have started a

Sister M. Laetitia greets a potter and his wife on a road near Patna.

small clinic right then and there had we been prepared for it. As it was, advice and simple remedies had to suffice.

"Our hosts were most gracious all the while, and supplied us with a very good dinner of rice and curried chicken. They insisted that they would accompany us back to Rawalpindi, although I assured them that we could take care of ourselves very well.

"Around nine o'clock, as we were sitting in the waiting room of the station, trying to read by the little kerosene oil lamp, a poor old railway man came to us to ask us to please see his wife. She was lying in the dark in a two-room house. One room was occupied by the animals, a buffalo and two goats. After we had done the best we could for her, she was very sick indeed, we went back to the station, and there found our host with his brother and son in the waiting room.

"Another hour, and the train arrived. We stepped into one compartment while the brother of the host went into the next one. At each stop he kept everybody out of ours, which means a great deal, since usually one is overcrowded with luggage, women and babies. This way we managed to get a few cat-naps and reached home just in time for Mass.

"I only hope that the next time I am called out I do arrive on time!"

In Our Library

THE FUTURE OF SOUTH-EAST ASIA, by K. M. Panikkar. The Macmillan Co., New York. $1.75

This discussion of the vexed problems of post-war planning for South-East Asia (comprising Burma, Indo-China, Thailand, Malaya and Indonesia) was written by K. M. Panikkar at the request of the Institute of Pacific Relations. Mr. Panikkar, until recently Foreign Minister and Political Minister of Bikaner State (India), is an outstanding historian and Indian publicist. He taught modern history at Aligarh University, was editor of the **Daily Swarajiya** and the **Hindustan Times** and has held positions as Permanent Secretary to the Chamber of Princes and Foreign Minister of Patiala State. At Quebec, in December 1942, he was one of the leading delegates at the Institute of Pacific Relations.

In a vigorous and readable style, Mr. Panikkar proceeds to analyze the general problems of security and the post-war political and economic situation in the region designated as South-East Asia, proposing a scheme to secure the realization of a prosperous and lasting peace for that territory.

In brief, his plan is this: freedom for India, the establishment of Pakistan, freedom for Burma, political and economic freedom for Thailand, Indo-China and the Netherlands East-Indies, and the development of self-government in Malaya and Singapore. For a time the latter colonies would remain in association with Great Britain. In the Philippine Commonwealth freedom would be granted according to agreement with the United States Government.

The relation of the imperial powers, Britain, France, Holland and the United States, to their respective colonies is critically examined. According to Mr. Panikkar's plan they would still have the faculty of retaining certain economic partnerships with the colonies. While this would give the imperial countries definite advantages regarding markets and raw materials, the colonies would also obtain valuable assistance in erecting their own industries and in building up a self-sufficient economy, besides securing a defence against aggression which they themselves could not immediately maintain.

Thus realized, the plan would terminate racial inequality and colonial exploitation. As Mr. Panikkar himself proposes, the test of the workability of the plan should be: "Will it ensure a reasonable and durable peace? Will it bring freedom for the peoples concerned?" To a considerable extent the scheme promises to meet these requirements.

Some of the author's proposals are controversial. For instance, the Indian people themselves do not agree upon the issue of Pakistan. But whether it is controversial or not, Mr. Panikkar's analysis is stimulating and thought-provoking. It makes us realize the complexity and tremendous importance of the problems of post-war settlement in South-East Asia, the outcome of which affects not only the 150,000,000 people in that region, but is of vital concern for the peace of the whole world.

* * *

A SHORT HISTORY OF THE CHINESE PEOPLE, by L. Carrington Goodrich. Harper and Brothers, New York. $2.50.

In writing "A Short History of the Chinese People," Dr. Carrington Goodrich, professor of Chinese at Columbia University, has accomplished a very difficult task. He has succeeded in compressing a general history of China, from pre-historic times to our own day, into one small volume that is not only readable and concise, but also well-linked and authoritative.

It is true that a book of this size, which attempts to condense more than 4,000 years of history into a limited space, necessarily entails sketchiness and brevity. This is remedied, however, by the notes and bibliography, and by the comprehensive reading list suggesting books for supplementary study.

Dr. Goodrich's history is of real value to every one who is at all interested in China and should prove particularly useful to students in high schools and colleges.

A Peace Prayer To Our Lady . . .

Pray thou for peace,
Most gentle Maid Marie,
Lady and Queen
Of earth and sky and sea;
Bidding the Saints
(Of your high courtesy)
To pray. And proffer your address
Unto your Son,
Beseeching His Highness
That He may design
To cast on us His thought
(Who by His Blood
From endless woe hath bought)
That war may cease,
Which all men doth destroy.
Pray thou for peace,
The Treasure True of joy.

[*This beautiful peace prayer of Orleans was composed by Charles, Duke of Orleans, a contemporary of St. Joan of Arc, in the fifteenth century. We reprint the above translation from the medieval French with the permission of* The Catholic Mind.]